

APPLICATION FOR LICENSE

TOWN OF NORTH

Application and License Fee To Be Filed and Paid By April 1st.
Subject To Prosecution After June 1st.

STATE OF SOUTH CAROLINA,
Town of North

APRIL 1, 20____ - MARCH 31, 20____

Date of Application / Start Date
_____, 20____

Business Name

Address (location of business)

Federal ID / SS Number

Mailing Address (if different)

SC Retail Tax Number

Type of Business

of Employees _____

Name of Owner, Partner or Principal

Local (____)____ - _____ Home (____)____ - _____

Emergency (____)____ - _____ Fax (____)____ - _____

New _____ Renewal _____ Going out of business on _____
Application for

Corporation _____ Partnership _____ Individual _____
Ownership

Is hazardous waste involved in operation? No ____ Yes ____ (attach details)

COMPUTATION OF LICENSE TAX

Compute your tax according to the following schedule and make check payable to TOWN OF NORTH

Gross income for preceding calendar or fiscal year \$ _____
Less income on which a license tax was paid to another
City or county for operations outside city/county - \$ _____
Balance of gross income subject to license tax = \$ _____

Rate Class: _____

First \$2,000 \$ _____
Next \$995,000 _____
Next \$1,000,000 (90%) _____
Next \$1,000,000 (80%) _____
Next \$1,000,000 (70%) _____
Over \$4,000,000 (60%) _____

Total Business License Fee \$ _____

CERTIFICATION

I (we) do hereby certify that the above information and amount returned as gross income from my business is true and correct, and that I have made no deductions except income on which I have paid a business license tax to another city or county, for which I have proof of payment. I am familiar with the penalty provision of the ordinance and the grounds for revocation of the license, including making false or fraudulent statements in this application. I certify that all business personal property taxes due and payable to the Town and County have been paid, and that the above business name is the same as reported on documents filed with the State and Federal Governments. I understand that my business income tax returns and other documents may be inspected to verify gross income or other business data.

Signature _____ Title _____ Date _____

OFFICE USE ONLY	Total License Tax:	
Payment:	Check No.	Date Received:
Penalty after due date _____ % per month \$		